

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF IOWA

IN THE MATTER OF THE :
CERTIFICATION APPLICATION OF : CONSENT AGREEMENT
DOUGLAS W. CROSS, APPLICANT :

COMES NOW the Iowa Board of Medical Examiners (hereafter the Board) and Douglas W. Cross (hereafter the applicant) and agree to the issuance of a certificate to practice as an Advanced Emergency Medical Care Provider in Iowa, under the following terms and condition to be in effect for four (4) years from the date of the issuance of the certificate.

1. That the applicant shall completely abstain from the personal use of all controlled or prescription drugs unless prescribed for him by a duly licensed, treating health care practitioner. The applicant shall advise any said treating health care practitioner of his previous history of chemical abuse.

2. That the applicant shall abstain from the consumption of alcohol.

3. That the applicant shall provide witnessed blood or urine samples upon demand by any agent of the Board. The blood or urine samples will be used for drug and alcohol screening purposes, all costs of which shall be borne by the applicant.

4. That the applicant shall enter into an outpatient

treatment group.

5. That the applicant shall regularly attend and participate in not less than one (1) meeting of Alcoholics Anonymous or a similar organization, each week, and shall document such attendance pursuant to the provisions of paragraph 8(C) of this agreement.

6. That the applicant shall obtain treatment or counselling by a physician or counselor approved by the Board. Applicant shall submit the names and curriculums vitae of three (3) physicians or counselors for approval within thirty (30) days of the acceptance of this agreement by the Board. The Board may approve one of the three to provide treatment or counselling to the applicant. As a condition of approval, each physician or counselor shall agree to submit to the Board a report concerning the applicant's progress on a quarterly basis or upon request.

7. That the applicant shall continue in treatment or counselling until discharged by his Board approved physician or counselor and until the discharge is approved by the Board.

8. That the applicant shall submit sworn quarterly reports stating that there has been compliance with all the terms of this Consent Agreement. The quarterly report shall include:

A. A statement that the applicant has abstained from the use of all controlled or prescription drugs not prescribed for him by a duly licensed, treating health care practitioner. The list shall include the name and amount of the drug prescribed, the date of the prescription and the name of the prescribing practitioner.

B. A statement that the applicant has abstained from the use of alcohol.

C. A list of all Alcoholics Anonymous or similar organization meetings the applicant has attended to include:

1. Written documentation of the applicant's attendance at each meeting, signed or initialed by another person in attendance.

2. The date, time and location of each meeting attended.

9. That the applicant shall make appearances before the Board or a committee of the Board annually, or as otherwise directed. The applicant shall be given reasonable notice of the date, time and place for the appearances.

10. That the applicant shall obey all federal, state and local laws and all rules governing the practice of an Advanced Emergency Medical Care Provider in Iowa.

11. That in the event the applicant leaves Iowa to reside or to practice outside of the state, the applicant shall notify the Board in writing of the dates of departure and return. Periods of residence or practice outside of Iowa will not apply to the duration of this Consent Agreement.

12. That in the event the applicant violates or fails to comply with any of the terms or provisions of this Consent Agreement, the Board may initiate appropriate action to revoke or suspend the applicant's certification as authorized in Iowa Code section 147A.7 and rule 641-132.11 of the Iowa Administrative Code.

13. That upon full compliance with the terms and

conditions set forth in this Consent Agreement and upon expiration of the period of the agreement, applicant's certificate shall be given full privileges free and clear of the terms of the Consent Agreement.

14. That this Consent Agreement is subject to approval of the Board. If the Board fails to approve this Consent Agreement, it shall be of no force or effect to either party.

This Consent Agreement is voluntarily submitted by the applicant to the Board for consideration.

Douglas W. Cross
DOUGLAS W. CROSS, APPLICANT

Subscribed and sworn to before me on this 11 day of

Jan, 1993



Clarice A. Lepaen
Notary Public in and for
the State of Iowa

This Consent Agreement is accepted by the Iowa State Board of Medical Examiners on the 11 day of March, 1993

C. Peterson D.O.
C.L. Peterson, D.O.
Chairman, Iowa State
Board of Medical
Examiners